

**Alaska Department of Revenue
Permanent Fund Dividend Division
Physician's Statement for Terminally Ill
Care of Family Member**

PFD Division Use Only

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To complete the processing of your Permanent Fund Dividend (PFD) application, the following form must be completed by the applicant, patient or patient's parent or guardian, and the attending physician. Use this form when the applicant provided care for a family member who is/was terminally ill and is legally related to the applicant through marriage or guardianship; a sibling, parent, grandparent, son, daughter, grandson, granddaughter, uncle, aunt, niece, nephew, or first cousin.

Applicant, complete the following:

Printed Name		Daytime Telephone Number
Social Security Number	Date of Birth	Message Telephone Number
Mailing Address		Email Address
City	State	Zip Code

Absence Begin Date

Month	Day	Year

Absence End Date

Month	Day	Year

Write additional dates on the back of this form.

I am/was out of Alaska for the purpose of providing care for my family member (check one) ☐ legally related through marriage or guardianship; ☐ sibling, ☐ parent, ☐ grandparent, ☐ son, ☐ daughter, ☐ grandson, ☐ granddaughter, ☐ uncle, ☐ aunt, ☐ niece, ☐ nephew or ☐ first cousin who is/was terminally ill.

Signature of Applicant	Date
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Patient or Patient's parent or guardian, sign the medical release below:

I authorize my attending physician to provide the information requested below to the Alaska Permanent Fund Dividend Division.

Patient's printed name	Patient's date of birth
Patient's or legal guardian's signature	Date

Attending physician, complete the following:

I am the physician for the patient named above who, in my opinion, is/was terminally ill.

Signature of Physician	Date
Printed Name of Physician	
Mailing Address of Physician	Telephone Number
City, State, Zip Code	
Briefly describe the patient's terminally ill condition.	

Send this completed form to:

**Alaska Department of Revenue
Permanent Fund Dividend Division
PO Box 110462
Juneau, Alaska 99811-0462**